

## CALFRESH (CF) PROGRAM

### REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other: Business Process	5. DATE OF REQUEST: 5/12/15	NEED RESPONSE BY: 6/12/15
2. REQUESTOR NAME: Audry Gonsalvez	6. COUNTY/ORGANIZATION: Contra Costa County	
3. PHONE NO.: (925) 313-1641	7. SUBJECT: Rights & Responsibilities	
4. REGULATION CITE(S):	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).  MPP 63-301	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		

Contra Costa County is looking into having the Rights and Responsibilities (R&R) recorded and played back to the client during the telephone interview. This will ensure that the R & R is reviewed completely and consistently to all applicants at Intake and at Recertification.

We would like to know if this is acceptable as the method of review for R & R for the application and recertification? Is there any process involved for approval of this method?

Also what parameters/limitations or specific items that would need to be included as part of the narrative if any? Or is there already a specific application/process available that we should be looking at?

10. REQUESTOR'S PROPOSED ANSWER:  There is no reason that this cannot be done as long as the R & R are thoroughly reviewed and there is some mechanism in place to record the clients attestation that the R & R were reviewed and understood with an opportunity to ask and have any questions answered or information clarified.
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#### 11. STATE POLICY RESPONSE (CFPB USE ONLY):

ACIN I-60-13 states: As mandated by 7 U.S.C. § 2020(e)(2)(C), CWDs must meet the following requirements when implementing telephonic signatures, CWDs must record both the household's verbal assent that it is officially applying for benefits and the information it is assenting to. That is, the person being recorded must provide a verbal affirmation as to their understanding that the recording will carry the same weight and effect as a signature. As well, the information provided for the application or recertification must be part of the recording. Per MPP 63-300.4 households shall be advised of their rights and responsibilities as part of the interview process, it shall, therefore be part of the telephonic signature.

As an example see the Wisconsin document 14-29 Telephonic and Electronic Signature Enhancements at the below hyperlink.  
[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=https%3A%2F%2Fwww.dhs.wisconsin.gov%2Fdhcaa%2Fmemos%2F14-29amendedv2.pdf&ei=kS5mVcuWBdfioAS\\_oPoCw&usg=AFQjCNGiamXnVb6Z5pxjZFHnYR7IQNmKQ&sig2=crZuNOVKkBLFssRFXO9nTw&bv=m=93990622,d.cGU](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=https%3A%2F%2Fwww.dhs.wisconsin.gov%2Fdhcaa%2Fmemos%2F14-29amendedv2.pdf&ei=kS5mVcuWBdfioAS_oPoCw&usg=AFQjCNGiamXnVb6Z5pxjZFHnYR7IQNmKQ&sig2=crZuNOVKkBLFssRFXO9nTw&bv=m=93990622,d.cGU)

#### FOR CDSS USE

DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:
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**CALFRESH (CF) PROGRAM  
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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	<b>6. COUNTY/ORGANIZATION:</b>	
	<b>7. SUBJECT:</b>	
<b>2. REQUESTOR NAME:</b>	<b>8. REFERENCES:</b> (Include ACL/ACIN, court cases, etc. in references) <b>NOTE: All requests must have a regulation cite(s) and/or a reference(s).</b>	
<b>3. PHONE NO.:</b>		
<b>4. REGULATION CITE(S):</b>		